

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 163-A

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

John W. Thomas

3. (b) If veteran name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased Mar. 11, 1923
(Month) (Day) (Year)

8. AGE:

Years 17 Months 11 Days 12
If less than one day hr. min.

9. Birthplace

Cedar Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

School & Work on farm

11. Industry or business

12. Name N. W. Thomas

13. Birthplace Cedar Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Edna Gothard

15. Birthplace Cedar Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant N. W. Thomas

(b) Address Buffalo, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-41
(Month) (Day) (Year)

(c) Place of burial or cremation Sandy Prairie

18. (a) Signature of funeral director White - Crum

(b) Address Salway, Mo.

19. (a) 4-15-41 (Date received local registrar) (b) W. E. Handley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dallas
(c) City or town Rural - Buffalo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23
year 1941 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr. 4
1941, to Feb 23, 1941;
that I last saw him live on 2-22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Purulent Pericarditis

Duration

1 mo

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Confirmatory

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at
(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Francis B. Kemp (M. D. or other) AW
Date signed Feb 23-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

39
2
1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Frank Seoble Jr.*

Licensed Embalmer No. *4140*

P. O. Address *Balivao, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.